



INTRODUCTION: OVERACTIVE BLADDER AND ITS TREATMENTS

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The term "overactive bladder" has been used sporadically for some years. When planning the last meeting, we realized that we spent a lot of time explaining what "detrusor instability" and "detrusor hyperreflexia" mean. This nomenclature is not suitable for patients. Thus, the rationale for adopting overactive bladder as a label. The International Continence Society uses "overactive detrusor" in its definitions, split into detrusor instability and detrusor hyperreflexia.

We have suggested the following definition: The overactive bladder is a medical condition referring to the symptoms of frequency and urgency, with or without urge incontinence, when appearing in the absence of local pathologic or metabolic factors that would account for these symptoms. Incontinence is not a necessary condition for diagnosis because roughly half of the people with overactive bladder do not have incontinence. Nevertheless, there is a profound impairment in their quality of life due to urge and frequency symptoms.

SYMPTOMATOLOGY OF OVERACTIVE BLADDER

Figure 1 illustrates the symptomatology of overactive bladder and incontinence. The extent of the overlaps varies depending on the population being modelled. For example, Figure 1 may represent certain female populations, but is not accurate for men, in whom stress incontinence is rare. The figure illustrates that overactive bladder is present in three groups of people:

- those with frequency and urgency;
- those with frequency, urgency, and urge incontinence;
- those who have mixed incontinence.

EPIDEMIOLOGY OF OVERACTIVE BLADDER

There are many problems associated with epidemiologic studies of incontinence in general, and the overactive bladder in particular. The main difficulty has been the problem of varying definitions.

The prevalence of overactive bladder has also probably been underestimated because many studies have been limited to patients with incontinence. This overlooks the many people, particularly men, who are greatly troubled by the symptoms of frequency and urgency as a consequence of overactive bladder.

The number of people suffering from overactive bladder has been estimated to be between 50 and 100 million worldwide. It is more common in women than in men. The reported incidence varies depending on the definition of the disease. In the United States, overactive bladder ranks among the 10 most common chronic conditions, ahead of diabetes and peptic ulcers.

A recent Gallup study, not limited to patients with incontinence, looked at the prevalence of frequency, urgency, and urge incontinence in the populations of six European countries.¹ The rates were similar in each of the regions, with an overall figure of 17% of adults having one or more symptoms of overactive bladder. The survey also showed that the incidence consistently increases with advancing age.

IMPACT OF OVERACTIVE BLADDER ON QUALITY OF LIFE

One of the most salient features of overactive bladder is its detrimental impact on quality of life (QOL). Many studies have shown that sufferers of urge incontinence have a significantly poorer QOL than those with stress incontinence.

Kobel-Nguyen *et al.*² used the Short-Form 36 QOL instrument to investigate the effects of overactive bladder on QOL. In most of the domains (eg, physical functioning, social functioning, vitality, role limitations) patients scored significantly worse than age-matched controls.

A further study by the same group compared the

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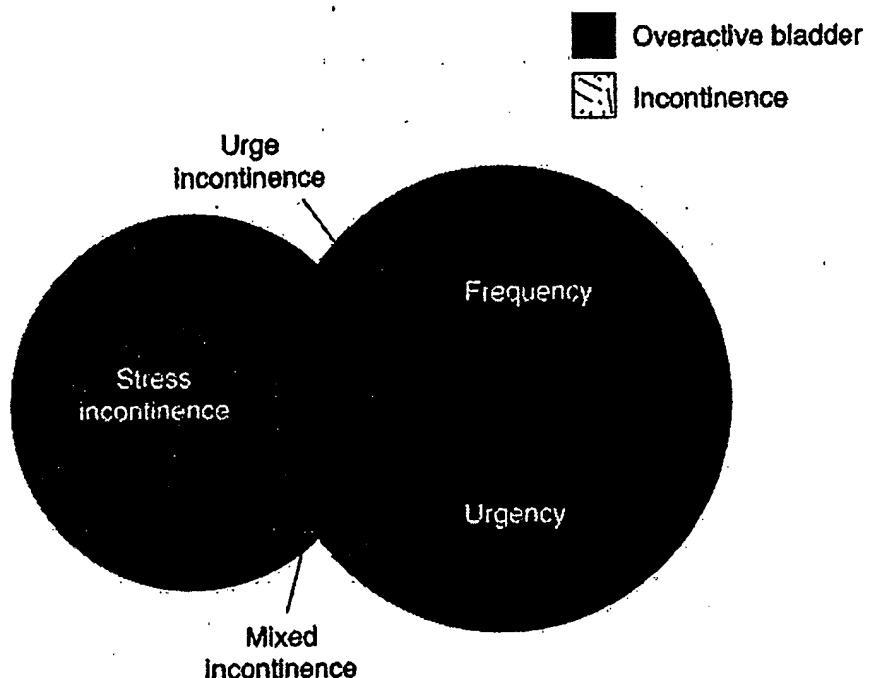


FIGURE 1. *Symptomatology of overactive bladder and incontinence.*

QOL of patients with overactive bladder with that of patients who had diabetes, hypertension, or depression.² Only depression had a greater impact on QOL.

The First International Consultation on Incontinence was held in Monaco from June 28 to July 1, 1998. One of the main reasons for holding this meeting was to have incontinence accepted as a disease, and therefore categorized in the International Classification of Diseases (ICD)-10-CM. This is particularly important in insurance-based healthcare systems, because conditions that are not so categorized do not qualify for reimbursement, are not taken seriously, and patients with the con-

dition go untreated. This goal still needs to be pursued.

REFERENCES

1. The Gallup group in collaboration with Pharmacia & Upjohn. Data on file, 1998.
2. Kobelt-Nguyen G, Johannesson M, Mattiasson A, et al: Correlations between symptoms of urge incontinence and scores of a generic quality of life instrument (SF36) and health status measurements (EuroQoL) and between changes in symptoms and QoL scores (abstract). 27th Annual Meeting of the International Continence Society, Yokohama, Japan, September 23-27, 1997.